



Corres. and Mail
BOX AF

IFW
AF/2812

MAIL STOP AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2876

03560.002997

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: H. J. Tsai
Kotaro AKUTSU et al.)	
	:	Group Art Unit: 2812
Application No.: 10/090,149)	
	:	Confirmation No.: 5461
Filed: March 5, 2002)	
	:	
For: SUBSTRATE PROCESSING APPARATUS)	November 22, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated September 21, 2004, Applicants request
that the subject application be amended as follows pursuant to 37 C.F.R. § 1.116.



MAIL STOP AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
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In re Application of:

Docket No. 03560.002997

Kotaro AKUTSU et al.

Application No.: 10/090,149

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November 22, 2004

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

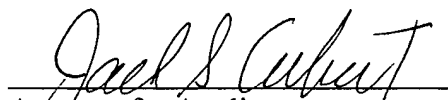
☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10	MINUS	65	0	x \$9 \$18	\$0.00
INDEP. CLAIMS	2	MINUS	20	0	x \$43 \$88	\$0.00
Fee for Multiple Dependent claims \$150/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' attorney, Steven E. Warner, may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Jack S. Cubert
Reg. No. 24,245

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